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NOTICE OF ALLOWANCE AND FEE(S) DUE

23389

7590

03/07/2006

SCULLY SCOTT MURPHY & PRESSER, PC 400 GARDEN CITY PLAZA SUITE 300 GARDEN CITY, NY 11530 EXAMINER

KASZTEJNA, MATTHEW JOHN

ART UNIT PAPER NUMBER

3739

DATE MAILED: 03/07/2006

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/764.893	01/26/2004	Tsutomu Okada	17375	9692

TITLE OF INVENTION: ENDOSCOPIC MUCOUS MEMBRANE RESECTION INSTRUMENT AND ENDOSCOPIC MUCOUS MEMBRANE RESECTION METHOD

APPLN. TYPE			PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$1700	06/07/2006	

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

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If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

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- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
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- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

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Complete and send this form, together with applicable fee(s), to: Mail

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23389 75	90 03/07/2006							
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GARDEN CITY, N	NY 11530						(Depositor's name)	
							(Signature)	
							(Date)	
APPLICATION NO.	FILING DATE	F	FIRST NAME	D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/764,893	01/26/2004		Tsutom	u Okada		17375	9692	
TITLE OF INVENTION: RESECTION METHOD	ENDOSCOPIC MUCOUS	S MEMBRANE I	RESECTION	INSTE	RUMENT AND END	OSCOPIC MUCOUS ME	MBRANE	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	ΕE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700	06/07/2006	
EXAM	IINER .	ART UNI	UNIT		ASS-SUBCLASS			
KASZTEJNA, M	KASZTEJNA, MATTHEW JOHN		9 600-127000		600-127000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2. For printing on the patent front page, list					
The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
		elow, no assignee of this form is NOT	lata will app a substitute	ear on the	• • •		locument has been filed for	
Please check the appropriate	e assignee category or category	ries (will not be pri	nted on the p	atent) :	☐ Individual ☐ C	orporation or other private gr	oup entity Government	
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			_	A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.				
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	(from status indicated above	•	_			LL ENTITY status. See 37 C		
• •	is requested to apply the Issu ublication Fee (if required) words of the United States Pate							
Authorized Signature				_	Date			
Typed or printed name				Registration No.				
This collection of information application. Confidential submitting the completed aphis form and/or suggestions. Box 1450, Alexandria. Virg	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPT's for reducing this burden, shinia 22313-1450. DO NOT	11. The information 122 and 37 CFR 1 0. Time will vary could be sent to the SEND FEES OR C	n is required .14. This col depending up Chief Inform OMPLETER	to obtain llection i pon the i nation O O FORM	or retain a benefit by ts estimated to take 12 ndividual case. Any cofficer, U.S. Patent and S TO THIS ADDRESS	he public which is to file (an minutes to complete, including mments on the amount of ti Trademark Office, U.S. Dep S. SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450.	

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400 GARDEN CIT		ART UNIT	PAPER NUMBER	
SUITE 300 GARDEN CITY, 1	NY 11530		3739 DATE MAILED: 03/07/200	6

Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 171 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 171 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.